



CHISHOLM PLAYGROUND CAMP

SUMMER 2019



Camp operates indoors and outdoors at the Chisholm Community Center and Chisholm Park (100 South Springfield Avenue). Camp is a morning program (8:30 am-12:30 pm) that is supervised by an adult director and young adult counselors (15 years old and older). Activities include sports, games, arts and crafts, cooking/baking, theme days, Fridays at the Springfield Community Pool, one optional field trip, and much more! Camp runs for eight weeks. You may register for any number of weeks. Camp is open to boys and girls ages 3 to 13, and is limited to 100 campers per week. Campers **must** be potty-trained. A light snack is provided each day, but children should be sent to camp with a drink. Lunch time is not a part of camp.

DATES: (check applicable):

- | | |
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| ☐ Week #1: June 26 th -28 th (no camp June 24 th -25 th) * | ☐ Week #5: July 22 nd -26 th |
| ☐ Week #2: July 1 st -5 th (no camp July 4 th) + | ☐ Week #6: July 29 th -August 2 nd |
| ☐ Week #3: July 8 th -12 th | ☐ Week #7: August 5 th -9 th |
| ☐ Week #4: July 15 th -19 th | ☐ Week #8: August 12 th -16 th |

TIMES: 8:30 am-12:30 pm

FEES:

Resident child: \$60 per week

Non-Resident child: \$70 per week

* 40% discount per child for Week #1

+ 20% discount per child for Week #2

View refund policy at <http://www.springfield-nj.us/recreation>

REGISTER:

- Online (Visa, Mastercard, Discover) at <https://register.communitypass.net/springfield>
- In-person (check, cash, money order, Visa, Mastercard, Discover) at Chisholm Community Center, 100 South Springfield Avenue, on weekdays between 8:00 am-6:00 pm.
- Mail (check, money order) to Chisholm Community Center, 100 South Springfield Avenue, Springfield, NJ 07081.
- Payable to the Township of Springfield.

DEADLINE: Thursday prior to each camp week.

QUESTIONS: Contact the Springfield Recreation Department at (973) 912-2227 or recreation@springfield-nj.us. Visit us on the web at www.springfield-nj.us/recreation. LIKE us on Facebook @springfieldnjrec.



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First Name _____ Last Name _____ Date of Birth _____
School (Fall 2019) _____ Grade (Fall 2019) _____
Street Address _____ Town _____ Zip Code _____
Home Phone _____ Parent Email _____
Parent Name _____ Cell Phone _____ Work Phone _____
Parent Name _____ Cell Phone _____ Work Phone _____
Emergency Contact Name & Phone _____
Doctor's Name & Phone: _____
Health Problems, Allergies, Communicable Diseases, Epi-Pen, Inhaler, Glucagon, Medications, Accommodations, Etc.: _____
Month & Year of Immunization: MMR _____ HIB _____ DTHP _____ Varivax _____ Polio _____ Other _____

Each camper receives one t-shirt that must be worn every day.

Circle t-shirt size: YXS (4-5) YS (6-8) YM (10-12) YL (14-16) YXL (18-20) AS AM AL AXL
extra t-shirts @ \$8 each _____

On behalf of my child, I agree to indemnify, defend, and hold harmless the Township of Springfield, its elected and appointed officials, officers, employees, agents, and volunteers from any and all claims arising from our child's participation in 2019 Chisholm Playground Camp. Such Indemnification shall include, but not be limited to, liability settlements, damage awards, costs, and attorney fees associated with any such claims. This Indemnification will not include any acts that could be construed as intentional. I recognize that neither the Township of Springfield nor any of its officials, officers, employees, agents, or volunteers will be held responsible for any injuries or accidents sustained by my child during the course of his or her participation in 2019 Chisholm Playground Camp, including, but not limited to, any injury resulting from an allergic reaction to anything to which he or she is exposed at 2019 Chisholm Playground Camp. Permission is hereby granted for my child to engage in this program. I understand that the Chisholm Community Center and the Springfield Community Pool are open to the public, and members of the public and the press may advertently or inadvertently photograph and video my child and use those images for their own use without my permission. I give permission for my child's photograph and video to be captured by Township of Springfield employees and used in print publications, online publications, presentations, websites, and/or social media. I give permission for my child to be transported by Township vehicle, Board of Education vehicle, or chartered vehicle to the Springfield Community Pool and for field trips. In order to meet all legal requirements, I hereby authorize representatives of the Springfield Recreation Department or Springfield Community Pool to give consent for any and all necessary emergency First Aid or medical care for my child while he or she attends this program.

Parent/Guardian Name (print) _____ Signature _____ Date _____